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ABSTRACT

Nationwide attention to the problems of teenage pregnancy and suicide, Acquired Immune Deficiency Syndrome (AIDS), substance abuse, domestic violence, child abuse, dropping out of school, and other conditions is resulting in a proliferation of primary prevention programs, projects, and activities. In too many communities, however, the growth of prevention programs on the local level takes place with little access to technical advice or assistance with program design, implementation, or evaluation. Community psychologists can play a key role in providing technical assistance with newly developing primary prevention efforts endeavoring to: (1) discern the characteristics of the general population and identify specific populations at risk for developing disorders; (2) plan effective strategies within the available resources; (3) communicate specific information to target populations and to those in direct contact with target populations; and (4) systematically evaluate the success of each effort over time. A community psychologist who has provided consultation to numerous prevention programs in one Northeast community, including the formation of a coalition to coordinate efforts, outlines eight steps in the process of assisting these groups. Tables are appended and references are included. (TE)

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Providing Consultation to Primary Prevention Programs:

Applying The Technology of Community Psychology

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Providing Consultation to Primary Prevention Programs: Applying The Technology of Community Psychology

Abstract

Nationwide, attention to the problems of teenage pregnancy and suicide, AIDS, substance abuse, domestic violence, child abuse, school dropout and other conditions is resulting in a proliferation of primary prevention programs, projects and activities. In too many communities, however, the growth of prevention programs on the local level takes place with little access to technical advice or assistance with program design, implementation or evaluation. Community psychologists can play a key role in providing technical assistance with newly developing primary prevention efforts to: 1) discern the characteristics of the general population and identify specific populations at risk for developing disorders; 2) plan effective strategies within the available resources; 3) communicate specific information to target populations and to those who are in direct contact with target populations; and 4) systematically evaluate the impact of each effort over time. A community psychologist who has provided consultation to numerous prevention programs in one Northeast community, including the formation of a coalition to coordinate efforts, outlines eight steps in the process of assisting these groups.

Introduction

Over the past decade, an accelerated growth of primary prevention projects has taken place in all health care fields. Nationwide, attention to the problems of teenage pregnancy and suicide, AIDS, substance abuse, domestic violence, child abuse, school dropout and a myriad of other conditions and disorders has resulted in a proliferation of programs, projects and proposals. In some communities, these activities have been carefully designed and implemented, resulting in real reductions in "risk factors" among target populations. In too many communities, however, the growth of prevention programs on the local level has taken place with little access to technical advice or assistance with program design, implementation or evaluation. As a result, programs are poorly focused and achieve less than the desired results. Community psychologists in these communities can play a key role in providing technical assistance with newly developing primary prevention efforts, especially where staff are inexperienced, poorly trained or lacking in resources. An added benefit of the assistance that a single consultant can bring to a variety of programs in one locale is the opportunity to develop linkage and coordinatin across a variety of programs.

Problem Statement

Over the past decade, numerous efforts to develop primary prevention programs at the local level have been supported diverse of state, city, private and self-help initiatives. In one small Northeast city alone, over forty separately funded prevention activities were identified (see Table I). Projects that attempt to address related problems or similar target populations are often

conceived from the divergent perspectives of separate organizations. As a result, activities operate with reduced effectiveness, in isolation from one another, or in competition for air time among community audiences and supporters. An emerging role for community psychologists is the provision of technical advice and nurturance of these newly emerging programs into coherent and effective systems of primary prevention.

The Rationale for Providing Assistance

Every prevention effort, to be successful, must perform the same four essential functions. All programs have to: 1) discern the characteristics of the general population and identify specific populations at risk for developing disorders; 2) plan effective strategies within the available resources; 3) communicate specific information to target populations and to those who are in direct contact with target populations; and 4) systematically evaluate the impact of each effort over time so that effective approaches can continue or expand and ineffective efforts can be modified or eliminated (see Table II).

Despite all the good efforts of the many individuals involved in prevention efforts, in many communities these functions are too often performed by people with little or no training or experience to develop effective programs. Staff are often recruited from among persons with professional backgrounds in teaching, nursing or counseling. Rarely have they had any exposure to formal training in primary prevention methodology. While some initial direction may be provided by the funding source (state office, school board, private foundation), too often technical assistance is limited to occasional site visits or regional meetings. Much of the day-to-day problem solving, strategizing and programming

is shaped, refined and delivered without "outside" assistance. Many of the concepts of primary prevention, such as planning interventions across populations or targeting at-risk groups, are not readily embraced. Programs either become too diverse and scattered (trying to do everything for everybody all at once) or too narrowly focused (relying on a single approach for all populations). Programs are often developed in isolation from similar efforts in the same community that might be more effective if combined.

A Needed Role for Community Psychologists

Community psychologists have a particular background that uniquely qualifies them to provide consultation to local prevention efforts across a variety of settings. Skills in community needs assessment, community organization, group problem-solving, conflict-management and action-research can all be applied to the development of primary prevention efforts. A natural interest on the part of community psychologists in empowerment of disenfranchised groups and in the integration and coordination of organizations can also benefit newly forming prevention efforts. Unlike the perspective of a clinical psychologist who is more likely to look at individual factors that contribute to the incidence of pathology in a population, the community psychologist is more likely to design interventions that influence the social systems and institutions within which individual pathology develops.

The community psychologist can assist in the development of newly forming prevention efforts by helping to design a needs assessment tailored to the local area. Assessments may be designed in coordination with other prevention efforts in the same community (e.g., a survey of all high school sophomores that

covers issues of substance abuse, suicide, teen pregnancy and family violence) and may serve as a common baseline by which changes in incidence rates may be measured. Organizing and group process skills may help community leaders identify resources needed to carry out a prevention campaign. Techniques for effective communication of prevention program themes may be suggested using a variety of media and teaching methods. Community psychogists may also recommend a number of approaches to program evaluation, an often overlooked aspect of community programs. Finally, a structure by which primary prevention programs may be brought together for mutural support, coordinated planning and increased effectiveness may be suggested.

A Primary Prevention Coordination Project

In Bristol County, Massachusetts, primary prevention activites for a five-town area are coordinated and nurtured through a Health and Human Services Coalition made up of representatives of over twenty-five state, city and private organizations. Formed late in 1987 in response to recent rapid growth in local prevention efforts (substance abuse, school drop-out, teenage pregnancy and comprehensive health education), the Coalition serves as a planning, coordination and evaluation forum for many of the primary prevention activities currently operating in the area (Table III). Professional training workshops organized by the Coalition cover topics of common concern such as AIDS or sources of foundation support. Collaborative efforts from within the Coalition have helped to organize changes in the school curricula and to increase access of students to social services. Within its short three year history, the Coalition has begun to demonstrate its power to shape attitudes and practices within the larger community toward a prevention orientation to services.

Steps in the Process

A community psychologist employed by the mental health center who has played a major role in the development of this Coalition has provided consultation to over fifty prevention programs in this locale, dealing with issues such as child abuse and neglect, teen pregnancy, school drop-out, suicide, substance abuse, smoking cessation, comprehensive health education and disaster preparedness (see Table IV). Since each program was at a different level of development when the consultant began working with program staff, the type of consultation varied according to the need. In some programs, simply defining the goals of prevention for a particular program was all that was called for. In other instances, the program's staff had yet to identify their activities as preventive in nature; helping such traditional programs as Scouting or 4-H to understand their powerful role in teaching coping skills is one example of this level of consultation. Many programs in the area provided good services but had little awareness of other programs that worked with similar populations or that used similar methods. A community-wide directory of prevention programs helped programs see themselves in the prevention "camp" and to identify the other "campers."

The fourth, and perhaps most significant, level of consultation to these groups occurred when groups of people representing several different type of prevention effort were willing to organize into coalitions. Once programs with common goals were willing to join forces in a collaborative way, real progress began to occur. By themselves, programs that are too poorly staffed and funded to mount efforts with community-wide impact can join together to tackle major projects once thought to be impossible. For example, over twenty-five child-serving

agencies once struggled with individual efforts at child abuse prevention with few tangible results. In less than eight years, a Child Protection Council was able to collectively organize a training workshop series attended by over one hundred professionals monthly, sponsor a Parents Anonymous group, develop a Parent-Aide program, conduct a child assertiveness training program in every area school, and underwrite numerous community-wide training sessions for adolescents, parents and the general public. Their budget is now over $12,000 per year, all obtained from donations. This group also serves as key source of training in prevention "technologies" through an examination of research literature that describes effective programs in other locations.

Additional assistance can be provided to prevention programs in resource identification, evaluation skills and opportunities to share successes. Most local programs are grossly underfunded and in constant need of additional resources. The task of learning sophisticated grant-writing skills and foundation-reseach skills is beyond the reach of many program staff, especially during the critical first few years of existence. Community psychologists can often provide information about funding sources and serve as critical reviewers of funding proposals prior to submission. Equally, effective program evaluation procedures remain low on the list of priorities of most staff who are struggling with "getting the job done" first, and looking at results later. Teaching a few "quick and dirty" survey methods or introducing some of the commercially available tests of attitude or behavior change can give a well-run program the kind of raw data it needs to survive in a world of scarce resources. Finally, community psychologist can create opportunities for good programs to gain recognition from the larger world. Encouraging staff of local programs to submit papers or conference presentation proposals can often produce positive

rewards for people who rarely have the opportunity to "strut their stuff." And, if no one will go out of town to present at a conference, a local prevention conference can be organized with relatively few resources just to help people gather to celebrate their victories among friends.

Maintaining a Community Perspective

Consultation to primary prevention programs requires the same skill and expertise necessary in any consultation process. Attention to entry issues, contract formation, monitoring and termination is just as important in consulting to prevention programs as it is in clinical or organizational consultation to other groups. What is unusual in this type of "developmental" consultation to programs, however, is the need to keep a perspective on the community as a whole. As each program exists in the context of a larger community, and each program impacts on the other, the consultant does well to consider the community as the "consultee" in formulating interventions. Careful attention to the interrelationships among organizations and systems can result in community prevention efforts characterized by themes of cooperation and mutual pride of ownership. Lack of attention to these factors can easily result in an increase in unproductive competition, turf wars, and back-stabbing among programs. When done well, however, consultation to primary prevention programs across a single community can result in the multiplication of both resources and positive outcomes among all efforts.

Table 1

Fall River Area Prevention Programs

PROGRAM NAME	LOCAL AGENCY	SOURCE OF FUNDING
Alcohol Education	Alcoholism Council, CAP	United Way, State (DPH)
Bear Down on Drugs Program	Fall River Police Dept.	City of Fall River
Big Brothers/Big Sisters	BB/BS of Fall River	United Way
Boy Scouts/Girl Scouts	Fall River councils	United Way
Boys Club/Girls Club	Thomas Chew Memorial	United Way
Change For Life	Bristol Comm. College	State (DPH)
Child Sexual Assault Prevention	FR Police Dept/Corrigan Center	City (FR)/ State (DMH)
Comprehensive Health Education	Fall River Schools	State (Dept. of Educ.)
Coord. At-Risk Elder Services	BES/Charlton/Corrigan/FSA/St. Anne's	State (EOEA)
Crime Prevention Program	Fall River Police Department	City of Fall River
Cultural Displacement	Portuguese Youth Cultural Org.	United Way, State (Gateway)
Disaster Preparedness	FR Red Cross	United Way
Dropout Prevention	Fall River Futures	State/Private (Futures)
Early Intervention Program	People, Inc.	State (DPH)
Failure to Thrive Clinic	St. Anne's Hospital	State (DPH)
Family Planning	Citizens for Citizens	State (DSS, DPW) & Federal
Firesetting Prevention	FR Fire Fighters' Museum	Private donation
FOOTSTEPS Video Series	Child Protection Council	Private donation
Friends of Children w/A.D.D.	Fall River Office for Children	Self-Help
Head Start	Citizens for Citizens	Federal
Health Promotion	Erna Yaffe Foundation	Private donation
Healthy Start	Department of Public Welfare	Federal/State
Help For Children Committee	State (OFC)	Office for Children
Lead Paint Poisoning Prevention	Community Development Center	Federal (through DPH)
Maternal & Child Health	Fall River Health Dept.	City of Fall River
Parent Aide Program	Women's Center	State (DSS)
Parenting Classes	SE Mass. University	State (DOE), Fees
Parents Anonymous	Dept. of Social Services	Self-Help
Peer Counseling Project	BMC Durfee Counseling Dept.	City of Fall River
Project Goodstart	M.S.P.C.C.	United Way
Rape Crisis Center	Women's Center	Donations
Separation Divorce Counseling	Diocese of Fall River	Self-Help
Substance Abuse Prevention Comm	Fall River Schools	Gov's Alliance Against Drugs
Suicide Hotline	Samaritans	United Way, State (DMH, DPH)
TOPPS Pregnancy Prevention	Citizens for Citizens	State (DSS)
Victim/Witness Assistance	Second District Court	Federal (AVOCA)
Widow to Widow Program	Bristol Community College	Self-Help
Women/Infants/Children (WIC)	Community Development Service Center	Federal
Young Parents Initiative	New Bedford Child & Family	State (DSS)
Youth Employment Program	FR Housing Authority	State (EOCD)
Youth Recreation Programs	FR Parks and Recreation	City of Fall River

Table II

PRIMARY PREVENTION CONSULTATION AND COORDINATION TASKS

Essential Function	Consultation Activity	Coordination Task
1. Discern the characteristics of general and at-risk populations	Conduct comprehensive needs assessments across populations	Conduct an adolescent need and interest survey.
2. Plan effective strategies within available resources	Develop short and long-range plans and coordinate funding among all prevention programs	Coordinate fund-raising into single community-wide events
3. Communicate information to target populations and those in contact with populations	Combine education and public information activities for both target and professional audiences	Integrate prevention topics into school health curriculum
4. Evaluate impact over time and continue, modify or eliminate existing interventions	Institute systematic evaluation projects on a community-wide basis to provide feedback on program effectiveness	Conduct community "listenings" to obtain input on program effectiveness

INTERCONNECTING HUMAN SERVICE COMMITTEES — FALL RIVER AREA — JULY 1988
Fall River Health & Human Services Coalition
FALL RIVER FUTURES/CHAPTER 180 DROPOUT PREVENTION
SUBSTANCE ABUSE PREVENTION COALITION
GREATER FALL RIVER CHILD PROTECTION COUNCIL
COMPREHENSIVE HEALTH EDUCATION ADVISORY COUNCIL
PREGNANT & PARENTING TEEN COALITION
INTERAGENCY TREATMENT PLANNING
ASSOCIATION OF COMMUNITY SERVICE EXECUTIVES
GERIATRIC PROVIDERS COMMITTEE
INTERDEPARTMENTAL TEAM MEETING
COORDINATED SERVICES COMMITTEE
INTERAGENCY COMMITTEE ON CHILDRENS ISSUES
GREATER FALL RIVER COUNCIL FOR CHILDREN
INTERCONNECTING HUMAN SERVICE COMMITTEES — FALL RIVER AREA — JULY 1988

KEY TO ABBREVIATIONS

ARC -	Association for Retarded Citizens	DSS -	Department of Social Services	MRC -	Mass. Rehab. Commission
BB/BS -	Big Brothers/Big Sisters	DYS -	Deparment of Youth Services	MSPCC -	Mass. Society for the Prev. of Cruelty to Children
BCC -	Bristol Community College	EIP -	Early Intervention Program	OFC -	Office for Children
BCTC -	Bristol County Training Consortium	EOHS -	Executive Office of Human Services	PYCO -	Portuguese Youth Cultural Organization
BES -	Bristol Elder Services	FRAA -	Fall River Arts Association	SER -	SER Jobs for Progress
CAP -	Center for Alcohol Problems	FRCC -	Fall River City Council	TOPPS -	Teen Opportunity & Pregnancy Prevention Services
CDC -	Community Development Service Center	FREA -	Fall River Education Association	VNA -	Visiting Nurses Association of S.E. Mass.
CDCP -	Coalition of Day Care Providers	FRF -	Fall River Futures	WCIL -	Women's Center for Independent Living
CFC -	Citizens for Citizens	FRHA -	Fall River Housing Authority	WIC -	Women with Infant Children Program
COC -	Chamber of Commerce	FRHHS -	Fall River Health & Human Services	YAFFE -	Erna Yaffe Foundation
CSS -	Catholic Social Services	FRPD -	Fall River Police Department	YMCA -	Young Mens Christian Association
DES -	Department of Employment Security	FSA -	Family Services Association	YOU -	Youth Opportunities Unlimited, Inc.
DPH -	Department of Public Health	ILGWU -	Int. Ladies Garment Workers Union	YPI -	Young Parent s Initiative
DMH -	Deparment of Mental Health	KEY -	KEY Program, inc.		

Table IV

PROVIDING CONSULTATION TO PRIMARY PREVENTION PROGRAMS:

APPLYING THE TECHNOLOGY OF COMMUNITY PSYCHOLOGY

STEPS IN THE PROCESS

Step	Rationale	Example
1. Define goals of prevention for community agencies and organizations	Much confusion stems from a lack of definition of what prevention is and does	Publish news articles about prevention
2. Raise the level of awareness of program staff who provide prevention activities	Many community programs do not identify themselves as "prevention" programs	Recreation programs, scouting, school programs
3. Introduce programs to one another to promote networking and sharing of resources	Many prevention programs operate in isolation from one another	Publish a directory of prevention programs
4. Bring organizations together to provide connection and opportunities for collaboration among groups	Programs often do not have the resources to organize other groups into a network but will join if provided	Put together a coalition of prevention organizations
5. Provide opportunities for learning about techniques of prevention programming (design, evaluation, etc.)	In-service education is usually difficult to obtain or totally non-existent in most local areas	Put together a "mini-course" in an agency or local college
6. Help groups locate resources for funding from local or national sources; assist with grant applications	Funding is usually minimal; new funds are hard to obtain; staff grant writing skills may be lacking	Provide access to foundation and government sources
7. Teach effective methods of evaluating programs and for using results effectively in promoting the program to the public	Few program providers are skilled in evaluation and tend to avoid the process and/or fail to use results to promote the program	Teach several "quick & dirty" methods that work well to show results
8. Celebrate the contributions of each group; provide opportunities to "show their wares" to other groups	Small, isolated programs rarely have the opportunity to tell others what they've done well	Organize a local prevention conference with lots of "air time"

* * *

Table V

Consultation on the 8 Steps has been provided to the following organizations:

PROGRAM NAME	AGENCY	CODE
Adol. Substance Abuse Prevention	Stanley St. Treatment & Rehab.	3,4,5,6
AIDS Task Force	Health & Human Services Coalition	4,6,8
Alcohol Education	Alcohol Council	4,6
Alcohol Prevention Program	Fall River Police Dept.	3
Bear Down on Drugs Prog.	Fall River Police Dept.	3,5
Big Brothers/Big Sisters	BB/BS of Greater Fall River	3,4,7
Boy Scouts/Girl Scouts	United Way of Greater Fall River	2,3
Boys and Girls Club	Boys and Girls Club of Fall River	2,3
Change For Life	Bristol Community College	3,4,5
Child Abuse Prof. Lecture Series	Child Protection Council	1,3,4,5,6
Childhood Injury Prevention Program	PACE - New Bedford	3
Community Partnership Program	Health & Human Serv. Coalition/CFC	4,5,6,7
Cultural Displacement	Portuguese Youth Cultural Org.	1,2,3,4
Depression Awareness Training	Geriatric Providers Council	1,2,3,4,5
Disaster Preparedness	SE Mass. Chapter - Red Cross	1,4,5,6
Displaced Homemakers	Bristol Ccommunity College	1,2,3
Domestic Violence	Women's Center	3,8
Early Intervention Program	People, Incorporated	3,4,5,8
Elder Community Support Services	Bristol Elder Services, Inc.	2,3,4,5,8
Employee Assistance Program	Family Service Association	2,3
Family Planning Clinic	CFC - Fall River Family Planning	3,4,6,8
Firesetting Prevention Program	Fall River Firefighters Museum	3,6
FOOTSTEPS Video Series	Fall River Public Library	1,2,3,4,6
4-H Program	4-H of Fall River/Westport	2,3
FUTURES Dropout Prevention Program	Fall River Schools	1,3,4,5,6
Growth and Nutrition Clinic	St. Anne's Hospital	3,4,6
Head Start	Citizens for Citizens	2,3,5
Health Clinic	Community Development Service Cent	2,3,8
Healthy Start	Community Development Service Cent	3,4
Homeless Shelter	Family Resource Center	1,2,4,5
Hospice Outreach	St. Anne's Hospital	2,3,4
Maternal & Child Health Screening	FR Health and Human Service Admin.	3,4,5,6
Occupational Health Services	Charlton Memorial Hospital	2,3
Parent Aide Program	Women's Center	3,6
Parent Assist Program	Chapter I - Fall River Schools	2,3,4,6
Parent-Child Mediation Program	Y.O.U., Inc.	2,3
Peer Counseling Project	Fall River Schools	2,3,4,5
Project Goodstart	M.S.P.C.C.	3
Promoting Prevention (Health)	Erna Yaffe Foundation	3,4,5,6
Recreation Program	YMCA of Greater Fall River	2,3,4
Runaway Youth Progam	Old Colony YMCA	3,6
Self-Help Groups	Self-Help Clearinghouse/INFOLINE	2,3,4
Services for Seniors	Corrigan Mental Health Center	3,4,5,6,7
SPEAK Program	Fall River Police Dept./Corrigan	3,4,5,6
Substance Abuse Prevention Comm.	Fall River Schools	3,4,5,6
Suicide Hotline	The Samaritans	3,4,5,6
Teen Pregnancy Prevention	Teen Opportunity & Preg. Preven.	3,4,5,6,7
Teen Topics Committee	Dept. of Social Services	3,4,5,6
Victim/Witness Assistance	Fall River District Court	3,4
Women/Infants/Children (WIC)	Community Development Clinic	3,4
Young Parents Initiative	New Bedford Child and Family Servi	3,4,5,6
Youth Employment Program	Fall River Housing Authority	2,3,5
Youth Recreation Programs	Fall River Parks and Recreation	2
Youth Services Program	Health & Human Service Dept.	1,3,4,5,6

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